MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

863-035021

DO NOT WRITE ON THIS STUB	,	MEND	ED	1:	Registration District No. 3004 Registrar's No. 77 STATE FILE NUMBER
	1	1		1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. COUNTY a. STATE b. COUNTY admission)
VS 300 Rev. 4/59	AMENDED			1.	Barton Missouri Barton
Kev. 4/ 5/	ä			ı	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN T.amar OR TOWN T.amar OR TOWN T.amar OR TOWN T.amar Telephore Town T.amar Telephore Town Town Town Telephore Town T
1 (2)(1)	¥	- 1		1	Total Total
10061		1	11	1	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm ADDRESS
2 006/	DATE	1	1 1	Ι.	INSTITUTION Barton County Memorial Hosps XNo 206 West 16th
3	`	\dashv	П	1	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year
			1 1	1	(Type or print) GOLDIA MAE ONSTOT OF DEATH September 14, 1963
4.			l ŀ	1	5. SEX 6. COLOR OR RACE 7. Married Never Married 5. DATE OF BIRTH 9. AGE (lest Birthdey) 11 UNDER 1 YEAR 1F UNDER 24 HR
5 1				ı	F Widowed Divorced 5-18-1888 75 Months Days Hours Min.
				1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
-6- <u> </u>	2		1 [ı	during most of working life, even if retired) Housewife Own Home Devon, Kansas U. S. A.
7 1				1	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
7 /	5		11	ı	Charles Otis Adcock Sarah Ellen Berry Perry Onstot
<u> </u>			1 1	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address.
9222	-				(Yes, no, grunknown) (If yes, give war or dates of serv
2332X				, I	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
10				¥	IMMEDIATE CAUSE (a) Cerebral thrombosis 3 WS
iı	5 0			COMEN	IMMEDIATE CAUSE (8) OGT OBLAZ OTT OBBOOTD
11	INSTEAD			ğ	Conditions, if any,) DUE TO (b)
14 / 0	STE		1		which gave rise to
13 2 -0	Z	\downarrow	 - 	ı	stating the under- lying cause last. DUE TO (c) Old Oge-
	5	ŀ		1	DADT III If decreed were family in the
<u>y</u>	2]		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal. The there a pregnancy in last 90 days.
ON SWENTSHENIS			1		DESCRIPTION OF THE PROPERTY OF
[2			1		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 of frem 18.). PERFORMED? YES NOWAL
	ן וְיַ	1	1		20c. TIME OF Hour Month, Day, Year
			1		NJURY a.m.
RIBBON		•	11	1	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
BLACK INK OR RITER RIBBC				٠,	WHILE AT WORK factory, street, office bldg., etc.)
¥ 8 E	READ			٠,	July 25-1951 to Sept. 14, 1963 last saw her slive on 9-14-63 6:00FM1
Z Z	<u>~</u>	İ	1 [21. I attended the deceased from July 25,1951, to Sept. 14, 196 at last saw her trimalive on 9-14-03 0: 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
USE PEW	3		1 1.		22c DATE SIGNED
USE BLACK OR TYPEWRITER	SHOULD			Ō	220. Signorum Colored or fille) 220. ADDRESS A MARA 40 917.63.
- }	ا کا	[₹I	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
j	o		T	≙	REMOVAL (Specify)
	Ž			AFFIDAVIT	Burial Sept. 18 1963 Lake Cematery Lamar, M1 SSOUTI 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
ļ	ITEM NO.			È	Chiles Funeral Home, Lamar, Missouri 9/18-1963 Marce Kananda
	1-1	- 1	1 1		AILTOO I WHO AT TAMA! MARKET ! WAS TO THE TOTAL PARTY IN THE PROPERTY IN THE P

STATEMENT BY LICENSED EMBALMER

by	Student Embalmer No
orking under my personal supervision.	Signed Charme W. Chila
Signature of Student Embalmer	Licensed Embalmer No. 3473

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.